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BIBDATASHEET**CONFIRMATION NO. 4990**

Bib Data Sheet

SERIAL NUMBER 10/025,104	FILING DATE 12/19/2001 RULE	CLASS 052	GROUP ART UNIT 3635	ATTORNEY DOCKET NO. 6156-2
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APPLICANTS

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** CONTINUING DATA ***** } *YMH OK*

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 01/17/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 7	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 4
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Verified and Acknowledged
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

ADDRESS

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TITLE

Storm impact protection system

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